

## CFAS NEO COORDINATOR HANDBOOK

**INTRODUCTION.** As a NEO Coordinator, you are the liaison between the Non-Combatant (NC) and your command. It is your job to provide information, guidance and assistance to the NC in all areas involving NEO. Your assistance and preparation must be continuous during your tour of duty.

**APPOINTMENT NOTIFICATION.** You will be appointed in writing by the CFAS AOR NEO Commander, Commander, Fleet Activities Sasebo.

**RESPONSIBILITIES.** It is your responsibility to provide information, guidance and assistance to the NC in all areas involving NEO. These responsibilities include, but are not limited to the following:

**Establishing Contact.** You must notify and make personal contact with all NCs within your Command, Unit or Department. You are required to send them a letter through their sponsor. (Sample Letter provided in this Handbook)

**Registration.** You are required to register, in the NEO program, the Family Members of each sponsor (Military and Civilian) who has family member(s) within Japan. USFJ Form 178-R (Noncombatant Evacuation Operations (NEO) Data Card) and DD Form 2585 (Repatriation Processing Center Processing Sheet) are the primary forms used in NEO registration. (Form 178-R and DD-2585 with instructions are provided in this Handbook)

**Forms.** These forms will be initiated by all sponsors with dependents (command or noncommand sponsored) in Japan upon initial unit inprocessing and by all other U.S. citizens (i.e. DoD employees, contractors, business people, etc.) Also, sponsors/other U.S. citizens who obtain additional family members during their assignment in Japan should update these forms. Each family is required to complete DD Form 2585 (Complete only sections I and III) and include it in their NEO Packs. This form will be utilized worldwide and is standardized to ensure accuracy in accounting for noncombatants from assembly to repatriation.

**Noncombatant Notification.** During exercises or real world emergencies component and installation Emergency Operation Centers (EOC) will be activated - Building 100, Port Operations, 2<sup>nd</sup> Deck. The CFAS EOC CDO or NEO Officer will inform you when to begin notification procedures. At that time, it becomes your responsibility to notify an adult NC in each family. In the case of single parents or dual military parents, you must notify the designated NEO loco parentis (a guardian designated in the Family/Dependent Care Plan to escort children through NEO Processing), who must be supported by power of attorney. When NCs reside in areas difficult to locate, a strip map must be provided and attached to the appropriate USFJ Form 178-R. When an exercise or real-world emergency commences, notifying the sponsor is not sufficient because the sponsor will not be able to notify NC Family Member(s) due to mission involvement. None the less,

be prepared to assist the NCs in every way possible to ensure they arrive at the NEO Assembly Point. In some cases, you may be required to go to the NCs residence more than once. If unable to reach an adult NC family member, leave a NC notification letter at the residence. Under no circumstances should you stop attempting to contact the NC even after leaving a letter at the residence. You should be able to physically locate all NC's residences, using the strip maps if necessary, at all times. This will require that you become familiar with each new NC's residence as they arrive in your area.

NEO Briefing. You must ensure all NCs within your command, unit or department attend an initial NEO briefing within 30 days of arrival in Japan.

Inspection of NEO Packets/Contacting noncombatants. You are required to contact each NC family to inspect their NEO packet semiannually (every 6 months) and annotate on USFJ Form 197-R (Noncombatant Preparedness Checklist) that the NEO Packet was inspected and deficiencies noted. Advise the CFAS NEO Officer of the results of this semi-annual inspection, in writing.

NEO Coordinator files. All NEO Coordinators are required to have a NEO file on all NCs within their command, unit or department. The following will be included (as appropriate) in the unit NEO file:

NEO Coordinator appointment memorandum

CFASINST 3500.1B

Command, unit, or Departmental SOP or other written guidance.

NC copy of completed USFJ Form 178-R with current strip map to NC residences attached. Strip maps will contain noncombatants name, address, and telephone number.

A copy of the family care plan(s) and power(s) of attorney for NCs with dual or single military parents.

A supply of NEO forms used for registering new NCs who reside in your area.

NEO Package. The following must be in a Family NEO Package:

Identification: Passport, USG/USAFID, Birth Certificate, Marriage License, Naturalization Certificate, Alien Registration Card

Form 178-R and DD 2585

Wills and Power of Attorney

Medical and Immunization Records

## Insurance and Financial Records

## Vehicle Registration

Processing of NCs. It is your responsibility to ensure all NCs within your area of responsibility are accounted for until their arrival at the Assembly Point or until you are relieved or released from the NEO Coordinator duties. During exercises and real-world emergencies, you will transport your NEO files to the Processing Center once you have been released or relieved.

APPENDIX C

SAMPLE NEO COORDINATOR'S NONCOMBATANT CONTACT LETTER

Thru: (Sponsor)

To: (Noncombatant)

I have been appointed as your Noncombatant Evacuation Operation (NEO) Coordinator. In areas concerning NEO, I am your liaison to your sponsor's unit commander.

It is very important that we get together as soon as possible so that I can explain the NEO Kit to you and your family members. I will also explain to you how to assemble your NEO kit. The NEO kit must be completed within 30 days of your arrival in Japan.

Please visit me at (Building/Unit/Office) at the earliest possible date. If you would like to make an appointment, or if you have any questions, please feel free to contact me at \_\_\_\_\_.

Sincerely,

NEO Coordinator

## APPENDIX D

## USFJ FORM 178-R INSTRUCTIONS

1. **USE OF USFJ FORM 178-R (NEO DATA CARD).** Used by the unit NEO coordinator/representative to compile data on noncombatant population served. This form will not be used in processing through the assembly point or relocation center; however, it will be maintained by the unit NEO coordinator to be turned in to the AP after completion of the notification process.

2. **INSTRUCTIONS:**

2.1. **COMPONENT block.** Place an "X" in the appropriate block which indicates in which component of the service the NC's sponsor is a member. If "OTHER" is checked, indicate in the following space what capacity the NC was in while in Japan (i.e., missionary, IBM, tourist, etc.).

2.2. **NONCOMBATANT NAME(S) block.** Enter the last name, first name, and middle initial of each NC. The first line should be used for the principal NC.

2.3. **SEX block.** Enter male (M) or Female (F), as appropriate.

2.4. **DATE OF BIRTH block.** Enter the day, month, and year.

2.5. **NATIONALITY/CITIZENSHIP block.** Enter U.S., resident alien, etc.

2.6. **RELATIONSHIP block.** Enter the relationship of the NC to the sponsor (i.e., wife, son, daughter, etc.).

2.7. **NONCOMBATANT LOCAL ADDRESS block.** Self explanatory.

2.8. **EMERGENCY CONTACT/DESTINATION block.** Enter the address and phone number the NC will eventually travel to or through.

2.9. **SPONSOR NAME/GRADE/SOCIAL SECURITY NUMBER/DUTY PHONE/UNIT block.** Self explanatory.

2.10. **HOME PHONE block.** Enter the NC's home phone in Japan.

2.11. **AUTOMOBILE DATA block.** If the NC does not have a car, enter "NONE". Otherwise, indicate information identifying the NC's vehicle.

2.12. **SOLE PARENT/DUAL MILITARY block.** If the NC's sponsor is either a sole parent or a dual military parent, indicate the name, address, and phone number of the person who the Family Care Plan indicates will be the caregiver for the NC's minor children.

2.13. **MEDICAL NEEDS block.** Indicate any specific medical problems that NEO personnel should be aware of in handling the NC for evacuation.

2.14. **REMARKS block.** Indicate any other data that may have an effect on the evacuation/relocation of the NC.

# NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD

☐ USAF    ☐ USA    ☐ USN    ☐ USMC    ☐ DOD CIVILIAN    OTHER ( )

NONCOMBATANT NAMES	SEX	DATE OF BIRTH	CITIZENSHIP	PASSPORT #	RELATIONSHIP

NONCOMBATANT LOCAL ADDRESS

EMERGENCY CONTACT/DESTINATION (ADDRESS AND PHONE NUMBER)

SPONSORS NAME	GRADE	SSN	DUTY PHONE NUMBER
UNIT	HOME PHONE NUMBER		

AUTOMOBILE	MAKE	MODEL	YEAR	LICENSE NUMBER
PETS	TYPE (CAT,DOG)	SIZE	AGE	NAME

SOLE PARENT DUAL MILITARY	NAME, ADDRESS, PHONE NUMBER OF PERSON WITH POWER OF ATTORNEY
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MEDICAL NEEDS

REMARKS:

## PRIVACY ACT STATEMENT

1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. PRINCIPLE PURPOSE: To assist the command in noncombatant evacuation operations by establishing a data base of potential noncombatants during a contingency.
3. Information provided will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing information.

26 JUL 1994

**APPENDIX T****DD FORM 2585 INSTRUCTIONS**

1. Before entering any information on the form carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.
2. Only one form is to be completed for each family grouping. The individual completing this form will be the "RESPONSIBLE PERSON" for this particular family group. "RESPONSIBLE PERSON" may be a military member, DOD civilian, military or DOD civilian family member, family representative, designated escort, private American citizen, or third country national (TCN). The "RESPONSIBLE PERSON" is only required to complete the items in Sections I and III, pages 5 through 8.
3. Place this form in the noncombatant's NEO packet.

**REPATRIATION PROCESSING CENTER  
PROCESSING SHEET**

**REPORT CONTROL SYMBOL  
DD-P&R(AR)1885**

*Form Approved  
OMB No. 0704-0334  
Expires Aug 31, 2007*

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** EO 12656, EO 9397.

**PRINCIPAL PURPOSE(S):** To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.

**ROUTINE USE(S):** To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the Immigration and Naturalization Service for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services, to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual.

**DISCLOSURE:** Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2585,  
REPATRIATION PROCESSING CENTER PROCESSING SHEET**

*(Read before completing this form.)*

**GENERAL INSTRUCTIONS**

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, the Department of Defense Directive 3025.14, and Executive Order 9397. Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

(1) Official travel orders for Safehaven Status (DD Form 1610).

(2) Permanent Change of Station (PCS) Orders.

(3) Passport, Visa and International Immigration (shot) record.

(4) Military/DoD Civilian/Dependent Identification Card.

(5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

(1) Passport and Visa (as applicable).

(2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

**6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.**

**7. FOR PROCESSING CENTER USE ONLY.** Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person".



## SPECIFIC INSTRUCTIONS

### SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person".

### SECTION II - PROCESSING CENTER

**Item 1. Airline and Flight Number.** Enter the airline and flight number arrived on.

**Item 2. Date of Arrival.** Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1998, MM = 08 (August), DD = 20 (20th).

**Item 3. Repatriation Center.** Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

**Item 4. Processing Date.** Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

**Item 5. Processing Time.** Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m. = 0200, 3:00 p.m. = 1500.

### SECTION III - EVACUEE IDENTIFYING INFORMATION

**Item 6. Name.** Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

**Item 7. Country Evacuated From.** Enter the original country from which you departed enroute to the United States.

**Item 8. Date of Birth.** Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1963, MM = 08 (August), DD = 20 (20th).

**Item 9. Place of Birth.** Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

**Item 10. Country of Citizenship.** Enter the country of citizenship. Example: USA, Canada, England, France, Germany, etc.

**Item 11. Gender.** Place an "X" in the appropriate block to indicate whether male or female.

**Item 12. Social Security Number (SSN).** Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

**Item 13. Marital Status.** Place an "X" in the block that indicates marital status, if applicable.

**Item 14. Passport Number and Country of Issue.** Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport.

**Item 15. Alien Number and Country of Issue.** Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

**Item 16. Classification Number(s) and Agency Code(s).** Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

**NOTE:** Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

**Item 17. Number of Family Members With You.** Enter the appropriate number of family members in the family group.

**NOTE:** If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

**Item 18. Number of Animals With You.** Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

**FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).**

**Item 19. Emergency Contact in U.S.**

a. **Name.** Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.

b. **Address.** Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.

c. **Home Telephone Number.** Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.

d. **Work Telephone Number.** Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.

**Item 20. Final Destination.** If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

**NOTE:** If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

### **SPECIFIC INSTRUCTIONS** (Continued)

**Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent.** This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

**Item 22. Escort for Unaccompanied Minor Child(ren).** If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted, if known. Include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted, if known. Include the area code.

**Item 23.a. through d. Accompanying Evacuees** (Page 7). The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family. Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

### **SECTION III (Continued) - SERVICES** (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

**Item 24. If No Services are Needed.** Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

**Item 25. Services Needed.** If assistance is required, place an "X" in the block next to each service required.

**Item 26. Additional Remarks.** This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.

## **SPECIFIC INSTRUCTIONS** *(Continued)*

### **SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

**Item 27. If No Services Are Required/Were Provided.**

If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person".

**Item 28. Services Provided by DHHS.**

a. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X \$150.00 = \$600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

b. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X \$50.00 per day per diem = \$400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

c. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

**Item 29. Total DHHS Costs.** Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

**Item 30. Has Emergency Medical Assistance Been Provided Off-Site.** Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

**Item 31. Additional Remarks.** Enter any additional information regarding services provided, if necessary.

### **SECTION V - CLOSING QUESTIONS (DHHS)**

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

**Items 32 through 35. Questions.** A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

**Item 36. Name of Interviewer.** The processing official/interviewer will sign in this space and print his or her name below.

**Item 37. Telephone Number.** The processing official/interviewer will enter the telephone number where he or she can be reached should the need arise.

### **SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL**

This section should be completed by Military Support Processing Team.

**Item 38. If No Services Were Provided.** If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

**Item 39. Services Provided.** If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

**Item 40. Costs.** For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

**Item 41. Total Costs.** Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

### **SECTION VII - PROCESSING INFORMATION**

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

**Item 42. Exit From Processing Center Date.** Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

**Item 43. Exit From Processing Center Time.** Enter the time, using military (24 hour) clock.

**Item 44. Destination.** Enter the destination by city, state, and/or country that the evacuees are going to.

**Item 45. Transportation Carrier(s).** Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

**Item 46. ETA and Date of Arrival at Destination.** Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

**Item 47. Additional Remarks.** Enter any additional information regarding exit processing, if necessary.

**SECTION I - TO BE COMPLETED BY ESCORTS OF UNACCOMPANIED MINOR CHILDREN**

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (X one)

☐ YES☐ NO

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. For all of the younger children in the same family group, enter the name(s) of the child(ren) in Item 22.e. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

**SECTION II - TO BE COMPLETED BY REPATRIATION CENTER PROCESSING TEAM STAFF**

1. AIRLINE AND FLIGHT NUMBER

2. DATE OF ARRIVAL (YYMMDD)

3. REPATRIATION CENTER

4. PROCESSING DATE (YYMMDD)

5. PROCESSING TIME (Military)

**SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY ADULT FAMILY MEMBER OR ESCORT IN THE CASE OF AN UNACCOMPANIED MINOR**

6. NAME OF EVACUEE (Last, First, Middle Initial)

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH (YYMMDD)

9. PLACE OF BIRTH (City, State, and Country)

10. COUNTRY OF CITIZENSHIP

11. SEX (X one)

☐ MALE☐ FEMALE

12. SOCIAL SECURITY NUMBER

13. MARITAL STATUS (X one)

☐ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED☐ DIVORCED

14.a. PASSPORT NUMBER

b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER

b. COUNTRY OF ISSUE

## SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued)

## 23. ACCOMPANYING PERSONS

(Fill out for each accompanying person.)

a.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYMMDD)
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1))	
(7) COUNTRY OF CITIZENSHIP		(a) Classification Number	(b) Agency Code
(8) PASSPORT NUMBER	Country of Issue	(c) Classification Number	(d) Agency Code
(9) ALIEN NUMBER	Country of Issue	(e) Classification Number	(f) Agency Code
b.(1) NAME (Last, First, Middle Initial)			
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1))	
(7) COUNTRY OF CITIZENSHIP		(a) Classification Number	(b) Agency Code
(8) PASSPORT NUMBER	Country of Issue	(c) Classification Number	(d) Agency Code
(9) ALIEN NUMBER	Country of Issue	(e) Classification Number	(f) Agency Code
c.(1) NAME (Last, First, Middle Initial)			
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1))	
(7) COUNTRY OF CITIZENSHIP		(a) Classification Number	(b) Agency Code
(8) PASSPORT NUMBER	Country of Issue	(c) Classification Number	(d) Agency Code
(9) ALIEN NUMBER	Country of Issue	(e) Classification Number	(f) Agency Code
d.(1) NAME (Last, First, Middle Initial)			
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1))	
(7) COUNTRY OF CITIZENSHIP		(a) Classification Number	(b) Agency Code
(8) PASSPORT NUMBER	Country of Issue	(c) Classification Number	(d) Agency Code
(9) ALIEN NUMBER	Country of Issue	(e) Classification Number	(f) Agency Code

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION IV - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) STAFF					
27. IF NO SERVICES WERE PROVIDED, X THIS BLOCK <span style="float: right;">→</span>					
28. SERVICES PROVIDED					
(1) Services	(2) Costs			(3) Total	
a. ONWARD TRANSPORTATION	Persons	X		Dollars	=
	Persons	X		Dollars	=
b. TEMPORARY LODGING AND PER DIEM	Persons	X	Days	X	Dollars
	X	X			=
c. MISCELLANEOUS (Specify)					=
_____					=
_____					=
_____					=
_____					=
29. TOTAL COSTS				=	
30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? (X one) <span style="float: right;">→</span>				YES	NO
31. ADDITIONAL REMARKS					
SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) STAFF					
				(X one)	
				YES	NO
32. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?					
33. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?					
34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? (Agreement must be attached to file)					
35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?					
36. NAME OF INTERVIEWER (Last, First, Middle Initial)				37. TELEPHONE NUMBER (Include Area Code)	

## NONCOMBATANT PREPAREDNESS CHECKLIST

SPONSORS NAME \_\_\_\_\_ SPONSORS SSN \_\_\_\_\_

ITEM	DATE	DATE	DATE	DATE
* ID CARD				
* PASSPORT				
* BIRTH CERTIFICATES				
* MARRIAGE CERTIFICATE				
FOOD SUPPLY - 3 DAYS				
BABY FOOD - 3 DAYS				
BABY TOILETRIES				
CRITICAL MEDICATION				
CHANGE OF ADDRESS CARD				
NC SAFEHAVEN POSTCARDS				
SHOT RECORD				
EMERGENCY PAY AUTHORIZATION				
USFJ PAM 30-13				
POWER OF ATTORNEY				
DA FORM 2402				
DD FORM 1701				
DA FORM 4986				
CLAIMS AUTHORIZATION				
WILL				
CHECKBOOK/BANKBOOK				
VEHICLE REGISTRATION				
INSURANCE POLICIES				
TOILET ARTICLES				
EXTRA CLOTHING				
BABY ARTICLES				
FIRST AID KIT				
FLASHLIGHT				
BATTERIES				
SMALL RADIO				
BACKPACK				
DD FORM 2585				

NEO COORDINATOR: Items with asterisks (\*) are mandatory, other items are highly desirable. Date the column at time of NEO Kit inspection and enter your initials for each item contained in the NEO Kit.

USFJ FORM 197-R